Prediction of Suicide Ideation Based on Psychological Well-Being and Religious-Spiritual Determinants among the Individuals with Attempted Suicide

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ABSTRACT

The research purpose is to predict the suicide ideation based on psychological well-being and religious-spiritual determinants among the individuals with attempted suicide. Therefore, 100 individuals (65 women and 35 men) were selected from among all the individuals who had attempted suicide and were kept under observation by the welfare organization of Ilam Province and filled out the research tools which included Beck Scale for Suicide Ideation (BSS), Ryff's scales of Psychological Well-being, Religious Attitude Scale and Scale of Obligatory Attitude toward Praying. Results indicate that there is inverse and negative relationship between suicides ideation as the criterion variable and the predictor variables including the obligatory attitude toward praying, psychological well-being and religious attitude. That is to say that the multiple coefficient correlation equaled 0.58 and it indicates that the predictor variables can explain 0.58 of the variance of the criterion variable.

KEYWORDS: Suicide Ideation, Obligatory Attitude Toward Praying, Religious Thought, Psychological Well-Being.

1- INTRODUCTION

A suicidal behavior is a descriptive and clinical term that connotes death and self-injury. Suicide occupies the 8th grade in the list of top causes of death. More than one million of individuals commit suicide per capita and the reliable statistics reveals ten to twenty times more than this annual statistics [1]. Suicide is not an impulsive behavior and like other psychological phenomena and its related dimensions can be studied in terms of its physiological, social and spiritual aspects.

Ryff [2] defines psychological well-being as the individual’s attempt for enhancing his inherent abilities and natural capacities. From this viewpoint, well-being stands for sustained effort for the streamline and improvement of one’s skills, power and competence. Some studies [3] demonstrate a positive relationship between psychological well-being and suicide ideation. Spiritual and religious factors can strongly influence suicide ideation and can be considered as preventive strategies of suicide [4]. Spirituality and religion is significantly correlated to good mental health including faint and remote possibility of depression, suicide and mental disorder [5]. Espousing misguided and naïve religious beliefs and doubtful spiritual values is one of the main reasons of suicide and religious obligation can be regarded as a preventive factor of suicide. It can be concluded that individuals with attempted suicide maintain dubious and low religious attitude [6].

Studies indicate that being religious is connected with physical and mental health [7 and 8]. It’s worth mentioning that the two above-mentioned factors decrease the suicidal behaviors [8]. The relationship between being an adherent of religion and physical and mental health [10 and 11] and the positive influence of religious beliefs and rituals on satisfaction with life, psychological well-being and life style have been demonstrated in several studies. Overall, due to the relationship between the religious-spiritual determinants and psychological well-being and mental health, and the lack of studies on the role of psychological well-being and religious determinants in a non-clinical sample and also the crucial importance of such variables, the present study aims to investigate the predictive role of psychological well-being and religious-spiritual determinants among the individuals with attempted suicide.
2- MATERIAL AND METHODS

The statistical population of this research included all the individuals who had attempted suicide and were kept under observation by the welfare organization of Ilam Province. Prior to this, their clinical reports were reviewed to assure that they can fulfill the enter criterion, out of this group, a sample of 100 individuals were selected. The sample filled out the research tools which included Beck Scale for Suicide Ideation (BSS), Ryff's scales of Psychological Well-being, Religious Attitude Scale and Scale of Obligatory Attitude toward Praying. Results were analyzed using spss-16 employing regression analysis.

The Beck Scale for Suicide Ideation (BSS) is a valuable tool for clinicians to examine suicidal intent in patients. Developed for use with patients of 17 years and over, the BSS provides a good starting point for a clinician's more detailed examination of a patient's suicidal intent. The BSS is also useful for monitoring suicide ideation of patients who are known to be at risk for suicide. The Scale is made up of 21 items and can be completed in 5 to 10 minutes. Two of the questions on the Scale are designed to function as an internal screening component. This component saves time and reduces the intrusiveness of the questionnaire for patients who are non-suicidal. This scale has been used extensively at the Centre for Cognitive Therapy for the past 15 years. It can be effective as a tool for clinicians to examine suicidal intent and as a teaching guide. Average reliability coefficient of the scale is equal to 0.90 (Inpatient), 0.87 (Outpatient). Moreover, the Test-retest reliability constitutes 0.54. In a study done by Danitz [12] Cronbach's alpha was equal to 0.89 and concurrent validity was reported to be 0.69 [13]. Anisi et al. [14] reported its validity through Cronbach's alpha to be 0.95 and bisection 0.75.

Scale of Obligatory Attitude toward Praying:

This 50-item scale has been designed and developed by Anisi et al [14] to assess the individuals’ obligatory attitude toward praying. Anisi et al. [14] administered this scale on 427 individuals working in Baghiyatollah Hospital and according to their findings the internal consistency of the scale equals 0.92, the test-retest coefficient with one week of interval was equal to 0.96, the bisection coefficient comprised 0.87. Moreover, the correlation between obligatory attitudes toward praying with religious attitude amounted to 0.61.

Religious Attitude Scale:

The Muslim’s religious attitude questionnaire was designed by Seraj Zadeh (quoted by sharifi [15]). This scale was caparisoned and collated with Islam specifically Shiite based on Glock and Stark model in 1965(According to the same source). It has four experiential, belief, consequential and ritual aspects. In a study carried out by Sharifi [15] the reliability of the test using bisection and Cronbach’s alpha was equal to 0.75 and 0.78, respectively. Moreover, its validity constituted 0.45.

Ryff's scales of Psychological Well-being were designed to measure six theoretically motivated constructs of psychological well-being: autonomy, independence and self-determination, environmental mastery, the ability to manage one’s life, personal growth, being open to new experiences; positive relations with others, having satisfying high quality relationships; purpose in life, believing that one’s life is meaningful and self-acceptance, a positive attitude towards oneself and one’s past life. Despite the widespread interest in Ryff's theoretical framework, and application of the Ryff PWB items, the psychometric properties of the proposed sub-scales remain contentious. In a study done by Zanjani and Tabasi [16] the internal consistency for the total test was equal to 0.94 and for the sub-tests equaled 0.67 to 0.73 which was significant at 0.001. Cronbach's alpha mounted to 0.67 [16].

3- RESULTS

In the descriptive statistics section, mean and standard deviation of variables have been calculated; detailed results are presented in Table 1. As it is shown in Table 1, means of obligatory attitude toward praying, psychological well-being, religious attitude and suicide ideation scores, were 51.12, 42.49, 51.48 and 14.10, respectively.
Table 1. Mean and Standard Deviation of Predictor Variables and Criterion Variable

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obligatory Attitude toward Praying</td>
<td>51.12</td>
<td>19.36</td>
<td>100</td>
</tr>
<tr>
<td>Psychological Well-Being</td>
<td>42.49</td>
<td>20.68</td>
<td>100</td>
</tr>
<tr>
<td>Religious Attitude</td>
<td>51.48</td>
<td>16.74</td>
<td>100</td>
</tr>
<tr>
<td>Suicide Ideation</td>
<td>14.10</td>
<td>6.75</td>
<td>100</td>
</tr>
</tbody>
</table>

As observed in Table 2, the results of Pearson correlation coefficients between the criterion variable (suicide ideation) and predictor variables (obligatory attitude toward praying, psychological well-being and religious attitude) have been presented. Pearson coefficient between suicidal ideation and obligatory attitude toward praying, psychological well-being and religious attitude are equal to -0.70, -0.67 and -0.66. As it can be seen, the level of significance equaled 0.000, (p<0.05) which indicated the significant relationship between the variables of the research.

Table 2. The Coefficient Correlation between the Criterion Variable (Suicide Ideation) and Predictor Variables (Obligatory Attitude toward Praying, Psychological Well-Being and Religious Attitude)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Obligatory Attitude toward Praying</th>
<th>Psychological Well-Being</th>
<th>Religious Attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Ideation</td>
<td>Pearson Correlation: -0.70</td>
<td>-0.67</td>
<td>-0.66</td>
</tr>
<tr>
<td></td>
<td>Sig. Level: 0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
</tbody>
</table>

n= 100

According to stepwise regression presented in Table 3, there exists multiple correlation coefficient between the predictor variables (Obligatory Attitude toward Praying, Psychological Well-Being and Religious Attitude) and suicide ideation which amounts to 0.58, and indicates that predictor variables can explain 0.58 of the variance of criterion variable.

Table 3. Proportion of Obligatory Attitude toward Praying, Psychological Well-Being and Religious Attitude Variables in the Prediction of Suicide Ideation (Stepwise Regression)

<table>
<thead>
<tr>
<th>Variable</th>
<th>R</th>
<th>R²</th>
<th>Total estimated coefficient</th>
<th>Standard and estimation error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obligatory Attitude toward Praying</td>
<td>0.70</td>
<td>0.48</td>
<td>0.48</td>
<td>4.84</td>
</tr>
<tr>
<td>Obligatory Attitude toward Praying, Psychological Well-Being</td>
<td>0.76</td>
<td>0.55</td>
<td>0.54</td>
<td>4.54</td>
</tr>
<tr>
<td>Obligatory Attitude toward Praying, Psychological Well-Being and Religious Attitude</td>
<td>0.76</td>
<td>0.58</td>
<td>0.56</td>
<td>4.43</td>
</tr>
</tbody>
</table>

As observed in table 4, three variables of obligatory attitude toward praying, psychological well-being and religious attitude with Beta coefficient of -0.70 for obligatory attitude toward praying, -0.43 for psychological well-being and -0.32 for religious attitude have predictive value for suicide ideation.

Table 4. Standard and Nonstandard Coefficients Using Stepwise Correlation Coefficient

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>Standard error</th>
<th>Nonstandard Correlations</th>
<th>Standard Correlations</th>
<th>Sig Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obligatory Attitude toward Praying</td>
<td>-0.244</td>
<td>0.025</td>
<td>-0.70</td>
<td>-9.69</td>
<td>0.000</td>
</tr>
<tr>
<td>Psychological Well-Being</td>
<td>-0.151</td>
<td>0.034</td>
<td>-0.43</td>
<td>-4.68</td>
<td>0.000</td>
</tr>
<tr>
<td>Religious Attitude</td>
<td>-0.10</td>
<td>0.031</td>
<td>-0.32</td>
<td>-3.10</td>
<td>0.003</td>
</tr>
</tbody>
</table>

4- DISCUSSION AND CONCLUSION

Suicide ideation stands among the most important factors of suicide risks. The present research aimed to investigate the predictive role of psychological well-being and religious-spiritual determinants among the individuals with attempted suicide. Results showed that there is inverse and negative relationship between suicide ideation as the criterion variable and the predictor variables including the obligatory attitude toward praying, psychological well-being and religious attitude. That is to say that the multiple coefficient correlation equaled 0.58 and it indicates that the predictor variables can explain 0.58 of the variance of the criterion variable. This finding is in harmony with research results of Bahreinian and Ilkhani [17], and Yaghoubi [6]
indicating that patience and pray is significantly, negatively correlated to suicide attempt. Eskin [18] demonstrated that religious attitude is more effective in decreasing the suicide ideation as compared to irreligious attitude. It can be concluded that religion, spirituality, and psychological well-being are among the most important aspects of human life. Individuals with attempted suicide suffer from depression. Depression itself leads to interpersonal problems and the decrease of psychological well-being and suicide ideation. Suicide is regarded as forbidden in Islam and suicide prevention is considered of crucial importance. Faith is the most powerful of all forces operating in humanity and when you have it in depth nothing can get you down. Religious faith leads individuals through unsteady times. Wait on the Lord in prayer as you sit on the freeway, sharing with Him the anxiety of so many jobs to be done in such a short time. Watch your frustration melt into praise. Take comfort knowing God is with you.

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REFERENCES